MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/069495

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51		⊘		/		⓪
2	/		/		/		52		⊘				
3		2		/		/		53		⊘				
4		2		/		/		54						
5		①		/		/		55						
6		①						56						
7		①		/		/		57						
8		①		/				58						
9		①		/				59						
10		①		/				60						
11		①		/				61						
12		①		/				62						
13		①		/				63						
14		①		/				64						
15		①		/				65						
16		①		/				66						
17		①		/				67						
18		①		/		/		68						
19		①						69						
20		①		✕				70						
21		①						71						
22		①		/		①		72						
23	/		/		/		73						
24	/		/				74						
25	/		/		/		75						
26		2		/		/		76						
27		③		/		/		77						
28		①		/		/		78						
29		①				/		79						
30		①		/		/		80						
31		①		/		/		81						
32				/		/		82						
33				/		/		83						
34		①		/		/		84						
35		①		/		/		85						
36		①		/		/		86						
37		①		/		/		87						
38		①		/		/		88						
39		①		/		/		89						
40		①		/		/		90						
41	/				/		91						
42		①		/		/		92						
43		①		/		/		93						
44		①		/		/		94						
45		①		/		/		95						
46		①		/				96						
47		①		/		✕		97						
48		①		/		①		98						
49		①		/		①		99						
50						①		100						
	9				10		TOTAL IND.							
	45				39		TOTAL DEP.							
	4						TOTAL CLAIMS							